



Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number.

Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).		Complete if Known	
Fee TRANSMITTAL For FY 2008		Application Number	10/786,968-Conf. #4111
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Filing Date	February 25, 2004
<input type="checkbox"/> TOTAL AMOUNT OF PAYMENT (\$ 930.00)		First Named Inventor	Christopher M. Mayer
<input type="checkbox"/> TOTAL AMOUNT OF PAYMENT (\$ 930.00)		Examiner Name	B. P. Johnson
<input type="checkbox"/> TOTAL AMOUNT OF PAYMENT (\$ 930.00)		Art Unit	2183
<input type="checkbox"/> TOTAL AMOUNT OF PAYMENT (\$ 930.00)		Attorney Docket No. A0312.70524US00	

METHOD OF PAYMENT (check all that apply)					
<input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____					
<input type="checkbox"/> Deposit Account Deposit Account Number: 23/2825 Deposit Account Name: Wolf, Greenfield & Sacks, P.C.					
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)					
<input type="checkbox"/> Charge fee(s) indicated below			<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee		
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17			<input checked="" type="checkbox"/> Credit any overpayments		

FEE CALCULATION								
1. BASIC FILING, SEARCH, AND EXAMINATION FEES								
Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES			
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees Paid (\$)	
	Utility	310	155	510	255	210	105	_____
	Design	210	105	100	50	130	65	_____
	Plant	210	105	310	155	160	80	_____
	Reissue	310	155	510	255	620	310	_____
Provisional	210	105	0	0	0	0	_____	
2. EXCESS CLAIM FEES								
Fee Description								
Each claim over 20 (including Reissues)								
Each independent claim over 3 (including Reissues)								
Multiple dependent claims								
Total Claims _____ - = _____ x _____ = _____				Multiple Dependent Claims Fee (\$) _____ Fee Paid (\$) _____				
HP = highest number of total claims paid for, if greater than 20.								
Indep. Claims _____ - = _____ x _____ = _____				Fee (\$) _____ Fee Paid (\$) _____				
HP = highest number of independent claims paid for, if greater than 3.								
3. APPLICATION SIZE FEE								
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).								
Total Sheets _____ - 100 = _____ /50 = _____ (round up to a whole number) x _____ = _____								
4. OTHER FEE(S)								
Non-English Specification, \$130 fee (no small entity discount)								
Other (e.g., late filing surcharge): 1251 Extension for response within first month 120.00 1801 Request for continued examination (RCE) (see 37 ... 810.00)								

SUBMITTED BY				
Signature	William R. McClellan	Registration No. (Attorney/Agent)	29,409	Telephone (617) 646-8000
Name (Print/Type)		Date November 19, 2007		

Certificate of Mailing Under 37 CFR 1.8(a)	
I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being deposited with the U.S. Postal Service on the date shown below with sufficient postage as First Class Mail, in an envelope addressed to: Mail Stop RCE, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.	
Dated: November 19, 2007	Signature: Patricia L. Marchetti (Patricia L. Marchetti)